Neglected Tropical Diseases

2006-2007 Achievements
2008 Challenges

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The Neglected Tropical Disease extended family …

Lymphatic filariasis
Onchocerciasis
Schistosomiasis
Soil-transmitted helminthiasis
(Trachoma)
Guinea worm
Cysticercosis/zoonotic helminthiasis
Buruli ulcer
Chagas disease
Human African trypanosomiasis
Leishmaniasis
Leprosy
Yaws
Dengue and DHF
Snake Bites

In total there are currently 14 (*) NTDs
The NTD diseases are divided into teams based on common strategic approaches

1 Preventive Chemotherapy and Transmission Control (PCT)

Large scale drug administration
✓ Inexpensive easy diagnostics
✓ Safe drugs – large donations
✓ Large scale integration possible

Schistosomiasis
Soil transmitted helminthiasis
Lymphatic filariasis
Onchocerciasis
(Trachoma)
Cysticercosis/zoonotic helminthiasis
Guinea worm (Transmission control)

Neglected Tropical Diseases WHO 1st STAG, Geneva 17-18 April 2008

2 Innovative and Intensified Disease Management (IDM)

Complex disease management group
Killer diseases
× Complicated and costly
× Difficult to diagnose, dangerous drugs (resistance ↑)
× Highly skilled staff needed

Leishmaniasis
Chagas disease
Human African trypanosomiasis
Buruli ulcer
Yaws
The NTD diseases are divided into teams based on common strategic approaches.

3 Vector Ecology and Management (VEM)

Policy – normative – strategic approach
✓ Guidelines, strategies
✓ Capacity building
✓ Sound management of PH pesticides

Dengue
Malaria
WHOPES

Most of the NTDs are vector borne

4 Communication and Capacity Building (CCB)

✓ Media – press enquiries, fact sheets, info packs
✓ Advocacy – website, newsletters
✓ Capacity building – training workshops
✓ Key documents – annual report, brochures etc

Services the whole department
5

Strategy Development and Implementation (SDI)

- Global Procurement System for NTDs
- Global Plan for NTD 2008-2015

Cross cuts all diseases
NTD Mission & Objectives

Goal

To prevent, control, eliminate or eradicate neglected tropical diseases

2008-2015 Objectives

1. To scale up the programmes for which there are inexpensive diagnostic tools and safe, effective drugs.
   To eradicate Guinea worm

2. To intensify control towards elimination using currently available tools.
   In parallel - invest in the development of urgently needed new tools to make disease elimination sustainable

3. Cross cutting role for NTD and other departments
   To develop multi-intervention packages for disease control
   To strengthen integrated vector management and capacity building

NTD objectives and targets

Innovative and Intensified Disease Management

Intensifying control towards sustainable control/elimination using the existing tools
Ensuring a full access to diagnosis and treatment
Development and implementation of new tools

Preventive Chemotherapy and Transmission Control

2009 – The eradication of Guinea worm
2010 – Regular treatment of ≥75% school-aged children at risk of schistosomiasis + STH
2010 – The onchocerciasis programme to be delivering over 90 million treatments per year
2020 – The elimination of Lymphatic filariasis

Vector Ecology and Management
Strategic policy development role
2006 and 2007 Achievements

NTD ADVOCACY

Global Forum for disease-specific partnerships
1st Global Meeting

High level commitment

a series of advocacy documents, posters, pamphlets, etc

Revised website

2006 and 2007 Achievements

NTD - Publications 2006 and 2007

Neglected Tropical Diseases

HO 1st STAG, Geneva 17-18 April 2008
2006 and 2007 Achievements

1. Preventive Chemotherapy and Transmission Control (PCT)

Guidelines and tools
- Preventive chemotherapy in human helminthiasis manual
- M&E for preventive chemotherapy manual (currently being field tested)
- Guidelines for appropriate treatment for under-five year olds
- Drug efficacy monitoring – Washington DC meeting and Nepali study
- Triple therapy safety study in Zanzibar (PZQ-ALB-IVM)
- Guidance on large scale use of triclabendazole – Bolivia, Peru, Viet Nam

Drug donations
- Praziquantel donation (Merck-Germany)
- Triclabendazole donation (Novartis Pharma AG)

Country support
- Development of integrated plans for 6 priority AFRO countries
  (Angola, Benin, Cameroon, CAR, Madagascar, Senegal)
- Drug needs estimated and drugs shipped for fascioliasis-affected countries
  (Bolivia, Peru, Egypt, Yemen, Vietnam, Iran, Georgia)
- Start up of the PZQ donation
- 2 capacity building workshops in Africa (Zanzibar and Benin)
- FBT plans of action developed (Lao PDR and Vietnam)

GUINEA WORM ERADICATION

So far 180 countries and territories have been certified free of transmission

12 countries certified free of disease transmission in 2007
Algeria, Cameroon, CAR, Gabon, Liberia, Mozambique, Sierra Leone, Swaziland, UR Tálhaznà, Zambia, Afghanistan, Djiboutí

4 countries interrupted disease transmission in 2007
Burkina Faso, Cote d'Ivoire, Ethiopia, Togo
Guinea Worm Eradication

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of cases in 2006</th>
<th>Number of cases in 2007</th>
</tr>
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<tbody>
<tr>
<td>1 Sudan</td>
<td>20,582</td>
<td>5,817</td>
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<tr>
<td>2 Ghana</td>
<td>4,136</td>
<td>3,358</td>
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<td>3 Mali</td>
<td>329</td>
<td>313</td>
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<td>4 Niger</td>
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<td>5 Nigeria</td>
<td>16</td>
<td>73</td>
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<tr>
<td>6 Togo</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>7 Burkina Faso</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>8 Cote d'Ivoire</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>9 Ethiopia</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL** 25,217 9,587

*Excludes 15 cases exported from one country to another.

* Year last indigenous case reported.

2006 and 2007 Achievements

2. Innovative and Intensified Disease Management (IDM)

IDM supported by: sanofi aventis, Bayer healthCare, Spain, France, Nippon Foundation, BMGF, Luxembourg...

Human African Trypanosomiasis
- 16 million tests plus equipment and support provided for screening
- Over 300 staff trained. Over 3-4 million people screened/year
- 100% of those diagnosed are treated

- May 2007 - meeting of 24 countries – consensus and commitment to aim for elimination
- A treatment and drug resistance monitoring system established
- Inter agency collaboration: Joint WHO/FAO/IAEA/AU programme

Chagas
- New agreement with Bayer: US$ 1.5 million and 2.5 million free tablets per year for 5 years
- Creation of the WHO Global Network for Chagas disease elimination → moving towards a global focus
- Non-endemic Country Initiative – i.e. countries outside South America

Leishmaniasis
- Ongoing elimination programmes strengthened - Nepal, India and Bangladesh: < 1 case in 10,000 by 2015
- Launch of new programmes in Maghreb area and the Middle East
- 2007 WHA Resolution passed on Leishmaniasis control
- Access to drugs ↑ (better access to antimonials and AmBisome®)
- Improving capacity for clinical trials in the horn of Africa

Yaws
- Re-establishment of a new elimination programme
- Assessment of disease burden in suspected countries
- Training and provision of medicines, equipment and logistics
- Mass treatment actions with ROs

Buruli ulcer – New strategy
- Studies set up to test antibiotic treatment → Evidence → Found to be effective →
Buruli ulcer strategy changed to early case detection and antibiotic treatment
2006 and 2007 Achievements

3. Vector Ecology and Management (VEM)

- Gates Foundation Grant $4.5m over 4 years (2007-2011)
- IVM Consultation (May 2007) – identified strategies and key action to advance IVM
- Establishment of an informal Vector Control Group at HQ
- Partnership – 5th GCDPP meeting on pesticide management
- Strategic direction for dengue research
- Revision of WHO Guidelines on dengue prevention and control
- WHOPES - Evaluation and recommendations on 10 pesticide products for public health use
- WHOPES – Specifications published on 17 pesticide products for quality control and international trade

Key activities and products 2008

PCT

Setting evidence based priorities - To focus where the problems are

Not where the donors wish to go

Action - To scale up current programmes

A long way to go…

Drugs - A trusted source is vital

WHO’s global procurement system for NTDs → forecasting → access to cheap, quality drugs to be delivered on time

Data – an integrated monitoring system

Integrated monitoring of coverage → responsibility being given to countries → data fed upwards → see Uganda!

LF and Loa Loa

Central Africa – Mapping urgent and needs to be simplified

Better diagnostic tools needed

Enhanced Guinea worm eradication programme

Sudan – a window of hope

Ghana – step up political pressure
Key activities and products 2008

VEM

• Position paper and advocacy documents on Integrated Vector Management
• Training courses on IVM (EMR, SEAR)
• WHO specifications for pesticides
• Regional and 8-country support on management of pesticides
• WHOPES Working Group report
• Dengue diagnosis, treatment, prevention and control. 3rd edition

IDM

• Consolidation of programmes
• Finding new partners and funders to support IDM goals.
• Establishment of a new programme for tropical neurology and secondary tropical epilepsy.

Challenges and proposed actions

Fighting Neglected Tropical Diseases Around The World
President Bush Announces New Global Initiative To Combat Neglected Tropical Diseases

Today, President Bush has challenged the world to reduce dramatically and eventually control and eliminate the burden of neglected tropical diseases (NTDs) as a major threat to health and economic growth in the developing world. This Initiative will make a total of $350 million available over five years to provide integrated treatment of more than 300 million people in Africa, Asia, and Latin America and target seven major NTDs: lymphatic filariasis (elephantiasis); schistosomiasis (snail fever); trachoma (eye infection); onchocerciasis (river blindness); and three soil-transmitted helminthes (STHs – hookworm, roundworm, whipworm).

This investment increases the United States’ commitment to NTDs from $15 million in 2008 to a total of $350 million over five years (FY 2009 – FY 2013) and will expand the targeted number of countries from 10 in 2008 to approximately 39 by 2013. The new Initiative will target communities with integrated treatment annually for three to five years in order to reduce the prevalence of these diseases within these communities.